



## Information about the subject

**Degree:** Bachelor of Science Degree in Occupational Therapy

**Faculty:** Faculty of Psychology

**Code:** 1123006 **Name:** Occupational Therapy in physical and sensory disabilities

**Credits:** 6,00 **ECTS Year:** 3 **Semester:** 2

**Module:** OCCUPATIONAL THERAPY, PERSONAL AUTONOMY AND INDEPENDENCE

**Subject Matter:** Areas of Intervention in Occupational Therapy **Type:** Compulsory

**Field of knowledge:** Health Sciences

**Department:** -

**Type of learning:** Classroom-based learning

**Languages in which it is taught:** Spanish

**Lecturer/-s:**

1123 Cesar Rubio Belmonte (**Responsible Lecturer**)

cesar.rubio@ucv.es

Carlos Guillamo Miguez

carlos.guillamo@ucv.es



## Module organization

### OCCUPATIONAL THERAPY, PERSONAL AUTONOMY AND INDEPENDENCE

Subject Matter	ECTS	Subject	ECTS	Year/semester
General Occupational Therapy	18,00	Activities of daily living	6,00	2/1
		History and Theory of Occupational Therapy	6,00	1/1
		Occupational science and Occupational Therapy fundamentals	6,00	1/2
Areas of Intervention in Occupational Therapy	42,00	Community Occupational Therapy	6,00	3/1
		Functional rehabilitation in physical disability	6,00	3/1
		Occupational Therapy in early care and the educational field	6,00	2/2
		Occupational Therapy in Geriatrics	6,00	4/2
		Occupational Therapy in intellectual disability	6,00	2/2
		Occupational Therapy in Mental Health	6,00	3/2
		Occupational Therapy in physical and sensory disabilities	6,00	3/2



## Recommended knowledge

There are no prerequisites. It is advisable to have studied and passed: -Structure and Function of the human body 1 and 2 --Medical-surgical conditions 2 and 3

## Learning outcomes

At the end of the course, the student must be able to prove that he/she has acquired the following learning outcomes:

- R1 To appropriately select assessment instruments and measures to determine the level of occupational performance of the user, as well as to identify personal and contextual variables that hinder or favour occupational performance.
- R2 To know how to determine the impact of different pathologies on occupational performance and be able to plan an Occupational Therapy intervention focused on the user's occupational needs and considering their natural environments.
- R3 To be able to recognize the therapeutic potential of activities/occupations for improving occupational performance, as well as to know how to adapt and graduate these activities/occupations to support occupational performance.
- R4 To be able to adequately integrate the various treatment modalities into the Occupational Therapy intervention process to support occupational performance, preferably those that accumulate the most scientific and clinical evidence in each intervention setting.



## Competencies

Depending on the learning outcomes, the competencies to which the subject contributes are (please score from 1 to 4, being 4 the highest score):

GENERAL	Weighting			
	1	2	3	4
CG10 To evaluate and adapt the environment to promote participation in meaningful occupations -in the different facets of every day life-, personal autonomy and the quality of life		X		
CG11 To understand and develop, with the relevant information, the historical application of Occupational Therapy			X	
CG12 To develop an evaluation of occupational functioning that is adequate for the needs of individuals and populations.			X	
CG13 To determine occupational dysfunctions and needs, to define the planning and to establish Occupational Therapy interventions, using the therapeutic potential of meaningful occupation through the use of activities, with the consent and the participation of individuals and populations.				X
CG14 To know, select and apply the appropriate theories, the theoretical frameworks for reference, the models and methods of Occupational Therapy practice to choose or re-establish meaningful occupation, according to the health needs of individuals/populations (promotion of health, prevention and treatment).				X
CG20 To develop professional practice with respect for other professionals, acquiring group work skills.	X			
CG22 To establish an assertive interpersonal communication with all the interlocutors that is relevant during the Occupational Therapy process.			X	
SPECIFIC	Weighting			
	1	2	3	4





## Assessment system for the acquisition of competencies and grading system

Assessed learning outcomes	Granted percentage	Assessment method
R1, R2, R3, R4	50,00%	Written tests: Summative and final theoretical-practical test (open questions, objective test questions, truncated test, etc.) Preparation of field work memoranda, practical case solutions, single cases.
R1, R2, R3, R4	30,00%	Presentation of group and individual works.
R1, R2, R3, R4	20,00%	Individual monitoring of attendance at face-to-face sessions and active participation in theoretical and practical classes, seminars and tutorials.

### Observations

The evaluation is continuous and is based on the collection/delivery of evidence of attendance/participation, practical activities and individual and/or group work throughout the semester. All submissions of individual and group work will be made through the UCV VIRTUAL CAMPUS within the deadlines and in the forms specified by the professor of the subject. Late submissions will not be accepted under any circumstances. The assignments that have not yet been submitted will be submitted and evaluated on the official date of the second examination. In addition, a final theoretical-practical test will be held during the official examination period. The official examination dates are set by the Dean's Team of the Faculty according to the periods established in the academic calendar. For changes to examination dates, please refer to the reasons and procedure in Article 12 of the Examination Regulations.

<https://www.ucv.es/Portals/0/documentos/normativa/20170526144309926.pdf>

Criteria for Award of Distinction: Evidence of excellence in all competencies and learning outcomes.

Note: In order to pass the course, the student must pass the different assessment systems (attendance and active participation, practical/work and examination) separately. Failure to comply with the rules and deadlines set for the completion of academic activities will invalidate the grade.



In accordance with the regulations governing the assessment and grading of subjects in force at UCV, the distinction of "Matrícula de Honor" (Honours with Distinction) may be awarded to students who have achieved a grade of 9.0 or higher. The number of "Matrículas de Honor" (Honours with Distinction) may not exceed five percent of the students enrolled in the group for the corresponding academic year, unless the number of enrolled students is fewer than 20, in which case a single "Matrícula de Honor" (Honours with Distinction) may be awarded.

Exceptionally, these distinctions may be assigned globally across different groups of the same subject. Nevertheless, the total number of distinctions awarded will be the same as if they were assigned by group, but they may be distributed among all students based on a common criterion, regardless of the group to which they belong. The criteria for awarding "Matrícula de Honor" (Honours with Distinction) will be determined according to the guidelines stipulated by the professor responsible for the course, as detailed in the "Observations" section of the evaluation system in the course guide.

## Learning activities

The following methodologies will be used so that the students can achieve the learning outcomes of the subject:

- M1 ON-CAMPUS CLASS
- M2 PRACTICAL CLASSES
- M3 SEMINAR
- M4 GROUP PRESENTATION OF PAPERS
- M5 OFFICE ASSISTANCE
- M6 ASSESSMENT
- M7 GROUP WORK
- M8 INDEPENDENT WORK



## IN-CLASS LEARNING ACTIVITIES

	LEARNING OUTCOMES	HOURS	ECTS
ON-CAMPUS CLASS: Teacher presentation of contents, analysis of competences, explanation and in-class display of skills, abilities and knowledge. M1	R1, R2, R3, R4	29,00	1,16
PRACTICAL CLASSES: Group work sessions supervised by the professor. Case studies, diagnostic tests, problems, field work, computer room, visits, data search, libraries, on-line, Internet, etc. Meaningful construction of knowledge through interaction and student activity. M2	R1, R2, R3, R4	10,00	0,40
SEMINAR: Supervised monographic sessions with shared participation M3	R1, R3	7,50	0,30
GROUP PRESENTATION OF PAPERS: Application of multidisciplinary knowledge M4	R1, R3	7,50	0,30
OFFICE ASSISTANCE: Personalized and small group attention. Period of instruction and /or orientation carried out by a tutor to review and discuss materials and topics presented in classes, seminars, eadings, papers, etc. M5	R1, R2, R3, R4	3,00	0,12
ASSESSMENT: Set of oral and/or written tests used in initial, formative or additive assessment of the student M6	R1, R2, R3, R4	3,00	0,12
<b>TOTAL</b>		<b>60,00</b>	<b>2,40</b>





## LEARNING ACTIVITIES OF AUTONOMOUS WORK

	LEARNING OUTCOMES	HOURS	ECTS
<p>GROUP WORK: Group preparation of readings, essays, problem solving, seminars, papers, reports, etc. to be presented or submitted in theoretical lectures, practical and/or small-group tutoring sessions. Work done on the university e-learning platform ( <a href="http://www.plataforma.ucv.es">www.plataforma.ucv.es</a> )</p> <p>M7</p>	R1, R2, R3, R4	40,00	1,60
<p>INDEPENDENT WORK: Student study: Group Individual preparation of readings, essays, problem solving, seminars, papers, reports, etc. to be presented or submitted in theoretical lectures, practical and/or small-group tutoring sessions. Work done on the university e-learning platform ( <a href="http://www.plataforma.ucv.es">www.plataforma.ucv.es</a> )</p> <p>M8</p>	R1, R2, R3, R4	50,00	2,00
<b>TOTAL</b>		<b>90,00</b>	<b>3,60</b>



## Description of the contents

Description of the necessary contents to acquire the learning outcomes.

Theoretical contents:

Content block	Contents
UNIT 1: GENERAL CONCEPTS. VISUAL IMPAIRMENT IN CHILDHOOD.	<ol style="list-style-type: none"><li>1. Concept of blindness and visual impairment.</li><li>2. Development and visually impaired</li><li>3. Early attention</li><li>4. Intervention in children with visual impairment or blindness.</li><li>5. Braille.</li></ol>
UNIT 2: VISUAL IMPAIRMENT IN ADULT LIFE	<ol style="list-style-type: none"><li>6. TO intervention in adults with acquired blindness. Basic requirements.</li><li>7. ADL</li></ol>
UNIT 3: OCCUPATIONAL THERAPY IN DISEASES OF CENTRAL NERVOUS SYSTEM	<ol style="list-style-type: none"><li>1. Occupational Therapy in spinal cord injury: spinal cord injury and spina bifida</li><li>2. Occupational Therapy in neurodegenerative diseases: multiple sclerosis, ALS, Parkinson's, ...</li><li>3. Occupational Therapy in Acquired Brain Injury: stroke, head trauma, altered consciousness ...</li></ol>
UNIT 4: GENERAL CONCEPTS. Models, techniques and procedures for intervention in Neurological Rehabilitation	<ol style="list-style-type: none"><li>4. Evaluation and treatment of sensorimotor sequels: sensory-motor therapy of the upper limb, motor neurorehabilitation methods and sensitive treatment.</li><li>5. Evaluation and treatment of cognitive and perceptual consequences in Acquired Brain Injury. Hemineglect and apraxia.</li></ol>



## Temporary organization of learning:

Block of content	Number of sessions	Hours
UNIT 1: GENERAL CONCEPTS. VISUAL IMPAIRMENT IN CHILDHOOD.	8,00	16,00
UNIT 2: VISUAL IMPAIRMENT IN ADULT LIFE	7,00	14,00
UNIT 3: OCCUPATIONAL THERAPY IN DISEASES OF CENTRAL NERVOUS SYSTEM	8,00	16,00
UNIT 4: GENERAL CONCEPTS. Models, techniques and procedures for intervention in Neurological Rehabilitation	7,00	14,00



## References

### **OCCUPATIONAL THERAPY IN PHYSICAL DISABILITY (Prof. César Rubio Belmonte):**

The materials for the preparation of the written test will be provided by the professor through the virtual UCV Campus.

#### **Basic bibliography**

- AOTA (2014). Occupational Therapy Practice Guidelines for Adults With Neurodegenerative Diseases. American Occupational Therapy Association, AOTA.
- AOTA (2016). Occupational Therapy Practice Guidelines for Adults With Traumatic Brain Injury. American Occupational Therapy Association, AOTA.
- AOTA (2015). Occupational Therapy Practice Guidelines for Adults With Stroke. American Occupational Therapy Association, AOTA.
- Polonio B. (2016). Terapia Ocupacional en disfunciones físicas: teoría y práctica. Ed. Médica Panamericana.
- Polonio B. & Romero M.D. (2010). Terapia Ocupacional Aplicada al Daño cerebral Adquirido. Ed. Médica Panamericana.
- Turner, A., Foster, M. & Johnson, S. (2010). Occupational Therapy and Physical Dysfunction. Enabling occupation. Churchill Livingstone.

#### **Further reading**

- Arbesman, M., Lieberman, D., & Berlanstein, D. R. (2013). Method for the systematic reviews on occupational therapy and early intervention and early childhood services. *American Journal of Occupational Therapy*, 67(4), 389-394.
- Arbesman, M., & Sheard, K. (2014). Systematic review of the effectiveness of occupational therapy-related interventions for people with amyotrophic lateral sclerosis. *American Journal of Occupational Therapy*, 68(1), 20-26.
- Cano R. (2012). *Neurorrehabilitación*. Ed. Médica Panamericana.
- Cano, Martínez & Miengolarra (2016). *Control y aprendizaje motor. Fundamentos, desarrollo y reeducación del movimiento humano*. Madrid: Editorial Médica Panamericana.
- Chapinal, A. (2005). *Rehabilitación en la hemiplejía, ataxia, traumatismo craneoencefálico y otras involuciones en el anciano: entrenamiento de la independencia en la terapia ocupacional*. Editorial Masson.
- Foster, E. R., Bedekar, M., & Tickle-Degnen, L. (2014). Systematic review of the effectiveness of occupational therapy-related interventions for people with Parkinson's disease. *American Journal of Occupational Therapy*, 68(1), 39-49.
- Grieve J., & Gnanasekaran L. (2008). *Neuropsychology for occupational therapists*. Blackwell Publishing.
- Mountain, A., Patrice Lindsay, M., Teasell, R., Salbach, N. M., de Jong, A., Foley, N., ... & Corriveau, H. (2020). *Canadian Stroke Best Practice Recommendations: Rehabilitation, Recovery, and Community Participation following Stroke. Part Two: Transitions and Community Participation Following Stroke*. *International Journal of Stroke*, 1747493019897847.
- McHugh, H. & Schultz-Krohn, W. (2013). *Occupational Therapy practice skills for physical*



dysfunction. Elsevier.

·Preissner, K., Arbesman, M., & Lieberman, D. (2016). Occupational Therapy Interventions for Adults With Multiple Sclerosis. *The American journal of occupational therapy: official publication of the American Occupational Therapy Association*, 70(3), 7003395010p1.

·Radomnsky M. & Trombly C. (2008). *Occupational Therapy for Physical Dysfunction*. Lippincott Williams y Wilkins.

·Teasell, R., Salbach, N. M., Foley, N., Mountain, A., Cameron, J. I., Jong, A. D., ... & Halabi, M. L. (2020). Canadian stroke best practice recommendations: rehabilitation, recovery, and community participation following stroke. Part one: rehabilitation and recovery following stroke; Update 2019. *International Journal of Stroke*, 1747493019897843.

·VV.AA. (2013). *Mosby's field guide to Occupational Therapy for physical dysfunction*. Elsevier Mosby.

·Yu, C. H., & Mathiowetz, V. (2014). Systematic review of occupational therapy-related interventions for people with multiple sclerosis: Part 1. Activity and participation. *American Journal of Occupational Therapy*, 68(1), 27-32.

·Yu, C. H., & Mathiowetz, V. (2014). Systematic review of occupational therapy-related interventions for people with multiple sclerosis: Part 2. Impairment. *American Journal of Occupational Therapy*, 68(1), 33-38.

### **OCCUPATIONAL THERAPY IN SENSORIAL DISABILITY (Prof. Carlos Guillamó Mínguez):**

·Aguirre, P. (Coord) (2004) *Manual de Atención al Alumnado con Necesidades de Apoyo Educativo Derivadas de Discapacidad Visual y Sordoceguera*. Junta de Andalucía Consejería de Educación Dirección General de Participación e Innovación Educativa. Enlace recomendado <http://www.adaptacionescurriculares.com/Otras2013.pdf>

·Basterrechea, P. (coord.) (2011) *Discapacidad visual y autonomía personal: Enfoque práctico de la rehabilitación*. Madrid: Organización Nacional de Ciegos Españoles, Dirección General.

·Caballo, C y Verdugo, M. A. (2005): *Habilidades sociales. Programa para mejorar las relaciones sociales entre niños y jóvenes con deficiencia visual y sus iguales sin discapacidad*. Madrid: ONCE. Temática: Relaciones Sociales.

·Comisión Braille Española (2005): *Guías de la Comisión Braille Española. Signografía Básica*. Madrid: ONCE. Temática: Braille.

·Lafuente de Frutos, M. (coord.). (2000). *Atención temprana a niños con ceguera o deficiencia visual* Publicación: [Madrid] Organización Nacional de Ciegos Españoles, Dirección de Educación 2000

·Leonhardt, M. (coord.) (2002). *La intervención en los primeros años de vida niño ciego y de baja visión. Un enfoque desde la atención temprana*. Madrid: ONCE.

·López Justicia, M.D. (2004). *Aspectos evolutivos y educativos de la deficiencia visual*. A Coruña: Netbiblo.

·Lucerga, R y Gastón, E. (2005): *En los zapatos de los niños ciegos. Guía de desarrollo de 0 a 3 años*. Madrid: ONCE. Temática: Especializado.

·Martínez, I; Polo, D. (2004). *Guía didáctica para la lectoescritura braille*. Publicación: Madrid: Organización Nacional de Ciegos Españoles, Dirección General, Dirección de Educación

·Martínez, R; Berruezo, P; García, J. M. y Pérez, J. (Coords) (2005): *Discapacidad visual:*



Desarrollo, Comunicación e Intervención. Granada: GEU. Temática: Manual.

· Miñambres, A (2004): Atención educativa al alumnado con dificultades de visión. Archidona: Aljibe. Temática: Manual.

· Rábago, P. M. L., Pérez, M. D. C. S., & Muñoz, L. L. A. (2018). Manual de orientación para padres: Desarrollo y cuidado integral temprano del niño con pérdida visual. Manual Moderno.